PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

54011

CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY		
FO	R		R FILED		NUMBER EXTRA		FEE	О Г	RATE	FEE
							345.00		11/11/12	690.00
ВА	SIC FEE						343.00	OR		90.00
ТО	TAL CLAIMS							OR	X\$18=	
INDEPENDENT CLAIMS C minus 3 = 1 5						X39=		OR	X78=	396.
MULTIPLE DEPENDENT CLAIM PRESENT						+130=		OR	+260=	
* If	the difference i	n column 1 is l	ess than zer	o, enter "0" in co	olumn 2	TOTAL		OR	TOTAL	117
CLAIMS AS AMENDED - PART II					SMALL ENTITY O			OTHER THAN R SMALL ENTITY		
		(Column 1) CLAIMS	, <u>-</u>	(Column 2)	(Column 3)	SMALL		OR I [SWALL	ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	TIONAL FEE
MQ.	Total	·25	Minus	-25	= (X\$ 9=		OR	X\$18=	
ME	Independent	· 8	Minus	··· <i>-</i> 3	= (X39=		OR	X78=	
Ë	FIRST PRESE	NTATION OF MU	JLTIPLE DEPI	ENDENT CLAIM		+130=		OR	+260=	
						TOTAL		OR	TOTAL ADDIT: FEE	PD
		(Column 1)		(Column 2)	(Column 3)	ADDIT. FEE			ADDITITEE	
8 LZ		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	* 25	Minus	** (C)	=	X\$ 9=	1 55	OR	X\$18=	
MEN	Independent	. 8	Minus	*** ()	=	X39=		OR	X78=	
⋖	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDENT CLAIM			<u> </u>	1011		
						+130=		OR	+260=	
ı	0					TOTAL ADDIT. FEE		OR	ADDIT. FEE	
	KCtl	Column 1)		(Column 2)	(Column 3)					
ENTC	/	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI _T TIONAL FÆE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 18	Minus	25	= /	X\$ 9=	/	OR	X\$18=	
ME	Independent	. 6	Minus	*** 8	/=	X39=/	1	OR	X78=	
_	FIRST PRESE	NTATION OF M	IULTIPLE DEF	PENDENT CLAIM		100		1	.260-	-
1.	16 4h-1 i=	mn 1 is loss than	the entry in colu	mn 2, write "0" in co	olumn 3	+130=		OR	+260=	ļ
٠.	If the "Highest Nu	mber Previously F	Paid For" IN THI	S SPACE is less that S SPACE is less that I shall be seen that I shall be seen that I shall be shall b	an 20, enter "20." an 3. enter "3."		opropriate b	OR ox in c	ADDIT. FEI	

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	84377
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Total Fee Calculation

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	S.n. 1.					Sia. Eauc	La Eauc	, ,	
Cuile Filing Fee	201/101	•••						•	200
Futal Claim: >IA	297/191		<u> </u>	. 3	Σ.		-		0)
Indopendent Claum: >1	197/191		<u> </u>	35	X				1300
Mult. One Claim Present	204/104		•						
Suretings	201/1015	-						•	135
English Texaslusian	11.1							-	
TO TAL FEE CALCULA	rig.i								

s 1300.00 Total Filing Feet Oue =

Less Filing Fees Submitted

-s_130c.00 BALANCE DUE